

# Vision Care Benefit Plan

The Vision Care Benefit Plan is designed to assist with the costs of well vision care. Eye examinations can provide early detection of serious health conditions throughout the entire body. The Plan is intended to encourage regular eye examinations and assist with vision care expenses when glasses or contact lenses are needed.

All Members and dependents covered by any of the health plans offered by the Local Government Health Plan are eligible for the Vision Care Benefit Plan. The eye exam benefit and materials such as frames, spectacle lenses or contact lenses (in lieu of frames and spectacle lenses) are available once every 24 months.

The new Vision Plan Administrator is EyeMed. Benefits are available from both in-network and non-network providers. Visit [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov) for a link to EyeMed's website for the most up to date listing of network providers. See your Benefits Handbook for benefit details or contact EyeMed at (866) 723-0512.

Service	Network Provider Benefit	Non-Network Provider Benefit
<b>Eye Exam</b>	\$10 copayment	\$20 Allowance
<b>Spectacle Lenses</b> (single, bifocal and trifocal)	\$10 copayment	\$20 Allowance for single vision lenses \$30 Allowance for bifocal and trifocal lenses
<b>Standard Frames</b>	\$10 copayment for frames within the benefit selection	\$20 Allowance
<b>Contact Lenses</b> <u>All contact lenses are in lieu of standard frames and spectacle lenses.</u>	\$20 copayment for medically necessary \$50 copayment for elective contact lenses (hard, soft daily wear and gas permeable) \$70 allowance for all other lenses not mentioned above	\$70 Allowance